

**PATENT**

Att'y Docket No. IBM/193/124

Confirmation No. 4258**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence and the enclosures noted herein (20 total pages, including cover sheet) are being transmitted via facsimile transmission to Examiner Chrystine Pham, Mail Stop AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 at 703-872-9306 on December 3, 2004.

**RECEIVED  
CENTRAL FAX CENTER****DEC 03 2004**Judith L. Volk  
Judith L. VolkDecember 3, 2004  
Date**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Jeremy Alan Arnold et al.

Art Unit: 2122

Serial No.: 09/997,990

Examiner: Chrystine Pham

Filed : November 30, 2001

For : OBJECT-ORIENTED CREATION BREAKPOINTS

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT TRANSMITTAL**

1. ☒ Transmitted herewith is an Amendment and Response.
2. ☐ Small Entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ Enclosed is a verified statement to establish Small Entity status
- ☒ Other than a Small Entity
3. The fee has been calculated as shown below:

**CALCULATION OF FEES**

Fee:	Number of Claims After Amendment:		Previously Paid For:	No. Extra:	At Rate:	Amount:
Total Claims	38	minus	40	0	\$18	\$0.00
Independent Claims	6	minus	6	0	\$88	\$0.00
MULTIPLE DEPENDENT CLAIM FEE					\$300	\$0.00
TOTAL FEE FOR CLAIMS:						\$0.00

- ☒ No additional fee for claims is required.

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Serial No. 09/997,990  
Transmittal for Amendment of December 3, 2004  
IBM Docket: ROC920010095US1  
WH&E IBM/193

4. ☐ Attached is a check in the sum of \$\_\_\_\_\_ for additional claims.  
☐ Please charge my Deposit Account No. 23-3000 in the amount of \$\_\_\_\_\_.
5. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply. Complete (a) or (b) as applicable.

- ☒ (a) Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	<u>Ext. Mos.</u>	<u>Large entity</u>	<u>Small entity</u>
<input checked="" type="checkbox"/>	one month	\$ 110.00	\$ 55.00
<input type="checkbox"/>	two months	\$ 430.00	\$ 215.00
<input type="checkbox"/>	three months	\$ 980.00	\$ 490.00
<input type="checkbox"/>	four months	\$1,530.00	\$ 765.00
<input type="checkbox"/>	five months	\$2,080.00	\$1,045.00

Extension fee due with this request:

\$ 110.00

Method of Payment: Please charge Deposit Account 23-3000 in the amount of \$ 110.00

If an additional extension of time is required, please consider this a petition therefor.

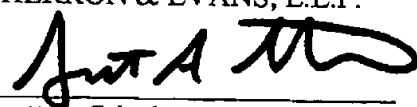
(Check and complete the next item, if applicable)

- ☐ An extension for \_\_\_\_\_ months has already been secured and the fee paid thereof of \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested. Extension fee due with this request \$\_\_\_\_\_.
- OR**
- ☐ (b) Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.
6. ☒ If any additional fee for claims or extension of time is required, charge Account No. 23-3000.

Respectfully submitted,

WOOD, HERRON & EVANS, L.L.P.

By:

  
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**Enclosed:**

Fax Cover Sheet containing Certificate of Facsimile Transmission (1 page)  
 Transmittal containing Certificate of Facsimile Transmission and Authorization to Charge Deposit Account 23-3000 in the amount of \$110.00 for One-Month Extension of Time Fees (2 pages)  
 Amendment and Response (17 pages)